## State of West Virginia Campaign Financial Statement (Snort Form) in Relation to 2016 Election Year

IF YOUR ANSWER TO ANY OF THE FOLLOWING QUESTIONS IS "YES," YOU CANNOT USE THIS FORM. YOU MUST USE THE LONG FORM (FORM F-7) TO FILE YOUR CAMPAIGN FINANCE REPORT.

- 1. Has your committee received any loans?
- 2. Has your committee held any fundraisers?
- 3. Has your committee received any miscellaneous receipts, such as refunds or checking account interest?
- 4. Does your committee have any unpaid bills?

6. Has your committee given or received a transfer							
Candidate or Committee Name  WE THE PEOPLE	ANDREW S	Candidate or Committee's Treasurer ANDREW SARAK					
Political Party (for candidates)		Treasurer's Mailing Address (Street, Route or P.O. Box)					
Office Sought (for candidates) District/Divis	ion City, State, Zip Code	City, State, Zip Code Daytime Phone # FAIR (NONTY 204-612-4720)					
Reporting Period: Due la	ort Post-Primary I 16 Due May 23 - Jui ort Post-General	Amended Report You must also check box of appropriate reporting period Final Report Zero balance required					
CASH BALANCE S	REPORT TOTALS otals after you have completed of						
Beginning Balance (ending balance from previous report) 1.	6	TOTAL CONTRIBUTIONS					
IOTAL CONTRIBUTIONS (from Page 2) 2. +	6	ELECTION YEAR-TO-DATE (Add line 2 from all reports)					
Suptotal	·	0					
(lines 1+2) 3. =	-6-	TOTAL EXPENDITURES					
ıotaı ⊨xpenditures (from Page 2) 4. –	<del>-</del>	ELECTION YEAR-TO-DATE (Add line 4 from all reports)					
Ending Balance = (lines 3-4)	۵						
*Cannot have a negative ending balance							

## CONTRIBUTORS OF:

\$250 or Less

More than \$250

Date	Full Name	Amount	Date				Amount	
				Full Name: Address:				
				Contributor's job: (Individent Where contributor works Affiliation: (Political comm	ntributor's job: (Individual) ere contributor works: (Individual) iation: (Political committee)			
				Full Name: Address:				
				Contributor's job: (Individ Where contributor works Affiliation: (Political comm				
				Full Name: Address: Contributor's job: (Individual) Where contributor works: (individual) Affiliation: (Political committee) Full Name: Address:				
				Contributor's job: (Individ Where contributor works Affiliation: (Political comm	Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)			
	Total Contribution (add both columns						æ-	
<u> </u>	ITEMIZED EXPEND	ITURES (Item	ize 3r	d party expenditu	res/reim hurse	ements)		
Date	Full name, residence address (if				Purpose	, in other	Amount	
		·····						
MAKE	AS MANY COPIES				Total Evnand	lituroe:	4	
	MAKE AS MANY COPIES  Total Expenditures  Total Expenditures							
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	Andri A, Seba Maron 27, 20 17	<u> </u>		Signature	e of Candidate	Agent,	or Treasurer	
Date_	March 27, 20 17							
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WV Secretary J State
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